

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10-585,650** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1	1		
3		2		1		
4		2		1		
5		2		1		
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
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TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	8	←	8	←		←
TOTAL CLAIMS	16	[REDACTED]	16	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]